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|--|--------------------|--|-------|---|---------|------------------|--|
| No. W 83884 | | Due no later than May 31, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | LORRAINE GRANFIELD 697 GRANITE RIDGE DRIVE SANDPOINT ID 83864 | | | |
| | | 1. Mailing Address: Correct in this box if needed. LAKESIDE ANESTHESIA SERVICES LLC LORRAINE GRANFIELD PO BOX 1326 SAGLE ID 83860 | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | LORRAINE GRANFIELD | PO BOX 1326 | SAGLE | ID | USA | 83860 | |
| MEMBER | BRADLEY GRANFIELD | PO BOX 1326 | SAGLE | ID | USA | 83860 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 83884 | | Signature: Lorraine Granfield | | | | Date: 05/19/2016 | |
| | | Name (type or print): Lorraine Granfield | | | | Title: member | |
| Processed 05/19/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |